North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary
Richard J. Visingardi, Ph.D, Director

MEMORANDUM

TO: Authorized NC DWI Providers

FROM: Michael Eisen, Director of DWI Services
Justice Systems Innovations Team
Community Policy Management Section

RE: DWI FACILITY QUALITY MANAGEMENT SURVEY

DATE: December 3, 2003

First of all, holiday greetings and best wishes for the upcoming New Year! I have had the opportunity to speak and meet with many of you over the last few months and sincerely appreciate the feedback that has been provided. I will continue to welcome this dialogue.

Although this memo will be limited to a few pertinent time sensitive issues, I plan to keep authorized DWI providers informed regarding ongoing areas of concern. On this note, please contact this office with your email address if you have not done so already. This will be the preferred method of communication.

On October 23, 2003, the Joint Legislative Oversight Committee on MH/DD/SAS studying DWI Substance Abuse Services had their first meeting. Future meetings are scheduled for February 5, 2004 and March 11, 2004. Committee meetings are open to the pubic and you are encouraged to attend. Feel free to contact me regarding information about the Committee makeup and meeting times and locations. This study will include information on the type of testing provided by an agency, the treatment offered by an agency, the average duration of a program, the average cost of treatment, the rates of recidivism, and the adequacy of the fee paid to the assessing agency by a client for a required substance abuse assessment. The Committee must report its findings and any recommended legislation to the 2004 Regular Session of the 2003 General Assembly.

You will find enclosed the **DWI Facility Quality Management Survey,** which will be utilized by the Division in conducting the study of the Legislative Oversight Committee. This survey is a key element of the study and will serve to assist the Division in improving access to care for DWI offenders, increasing the quality and effectiveness of services, insuring best practices and accountability of providers, and improving the safety of North Carolina communities. I strongly encourage you to be honest and complete with your answers to the survey questions. It is

absolutely not our intention to use this Survey in a punitive manner. Please understand that **timely submission** of this Survey by all authorized DWI facilities **is a requirement** of DMH/DD/SAS facility authorization for provision of services to DWI offenders. The Survey is due on Friday, December 19, 2003. We recognize that this is a tight timeline, but ask for your cooperation and support.

To complement the information gathered on the surveys, we will also conduct informational site visits with a small percentage of providers. The purpose of these visits is to: (1) *follow up on the data gathered in the surveys*, (2) *obtain in-depth feedback about opinions on raising the assessment fee*, and (3) *collect information that will guide future technical assistance and quality improvement efforts*. Jennifer Resnick, DWI Services Quality Management Project Consultant, may contact you in December or early January to schedule a site visit. Our hope is to conduct these visits throughout the months of January and February of 2004.

The last item of this memo is in regard to DWI providers being contacted by staff from the Regulatory Team of the Resource and Regulatory Management Section of the Division of MH/DD/SAS. Based on the recent reorganization of the Division, the Regulatory Team is responsible for provider monitoring and will be working collaboratively with the DWI Services Office of the Justice Systems Innovations Team in their planning and conducting of monitoring activities for the coming year. Initial telephone contact from Regulatory Team staff will begin in December/January and monitoring site visits are planned to begin in March/April 2004. A detailed letter will be sent to you prior to the site visits.

If you have any questions, please feel free to contact me at 919-733-0566 or email at michael.eisen@ncmail.net. Thanking you in advance for your cooperation and providing a valuable community service.

Enclosure (1)

Cc: Executive Leadership Team
Carol Duncan Clayton
Dick Oliver
Alice Lin
Spencer Clark
Sonya Brown
Patrice Roesler

Revised Dec. 3, 2003

NC Department of Health and Human Services

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Community Policy Management Section

Date Survey Received by Division of MH/DD/SAS:

Joint Legislative Oversight Committee on MH, DD, and SAS: DWI Facility Quality Management Survey of Substance Abuse Services to DWI Offenders - SFY 03-04

Statutory Authority: General Assembly of North Carolina Session Law 2003-396, Senate Bill 934

SECTION 2. The Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services shall study the programs offered by assessing agencies to clients who must obtain a substance abuse assessment and a certification of completion of a substance abuse program. The study should include information on the type of testing provided by an agency, the treatment offered by an agency, the average duration of a program, the average cost of treatment, the rates of recidivism, and the adequacy of the fee paid to the assessing agency by a client for a required substance abuse assessment. The Committee must report its findings and any recommended legislation to the 2004 Regular Session of the 2003 General Assembly.

Instructions: Responses to the DWI Facility Quality Management Survey will be utilized by the Division in conducting the study of the Legislative Oversight Committee. **This study is intended to assist the Division in improving access to care for DWI offenders, increasing the quality and effectiveness of services, insuring best practices and accountability of providers, and improving the safety of North Carolina's roads and communities.** DWI services providers are encouraged to provide candid and complete responses to this Survey. An electronic copy of this Survey is available upon request. **Please complete and mail (preferred), deliver, e-mail, or fax this DWI Facility Quality Management Survey for receipt by 5:00 p.m. on Friday, December 19, 2003 to:**

Daisy Adams, Quality Management Team,
Community Policy Management Section, NC DMH/DD/SAS,
3004 Mail Service Center, Raleigh, NC 27699-3004,
or Suite 634, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC 27603,
Telephone (919) 733-0696 Fax (919) 715-2772 E-Mail: Daisy.Adams@ncmail.net

Address questions to:

Jennifer Resnick, DWI Services QM Project Consultant, at (919) 733-0696, or
Michael Eisen, Director of DWI Services, at (919) 733-0566, or Michael.Eisen@ncmail.net,
or Spencer Clark, Director of Operations and Clinical Services, at (919) 733-4670, or Spencer.Clark@ncmail.net.

Timely submission of this Survey by all authorized DWI facilities is a requirement of DMH/DD/SAS facility authorization for provision of services to DWI offenders.

Section A: Description of DWI Substance Abuse Services Facility

Date Survey Received by Division of MH/DD/SAS:

A-1. Name of DFS Licensed Facility	**A-2. Name and Title of Facility Director or CEO** *(Facility's Administrative Director responsible for facility compliance with DMH/DD/SAS Licensure Rules)*
A-3. Facility Location (Street Address, City, County, State, Zip)	**A-4. Name and Title of Facility Clinical Director (Qualified SA Professional: QSAP)** *(Facility's Clinical Director responsible for oversight of assessment, treatment, supervision, and clinical records and practices)*
A-5. Mailing Address (PO Box or St., City, State, Zip)	

A-6. DMH/DD/SAS DWI Facility Code ☐☐☐☐☐	**A-7. Telephone No.(s)**	**A-8. Fax No.**
A-9. Name/Title of Staff Completing Survey	**A-10. E-Mail Address (if available)**	**A-11. Web Site Address (if available)**

A-12. Division of Facility Services Licensure Type(s) *(Check ✓ and complete for all DFS licenses held)*:

☐ **.3500 Outpatient SA Treatment**

_____ DFS License Expir. Date

_____ Name(s) and Certification(s) of NCSAPCB Certified Counselor(s) Whose Services Are Available to Each Client Served by the Facility

☐ **.3700 SA Day Treatment**

_____ DFS License Expir. Date

_____ Name(s) and Certification(s) of Each Fulltime NCSAPCB Certified Counselor in Day Treatment Facility for Every 16 or Fewer Clients

A-13. Type of DWI Facility *(Check ✓ one):*

☐ Public MH/DD/SAS Area Program or Local Managing Entity (LME)

☐ Private Not-for-Profit Agency

☐ Private For-Profit Agency

☐ Other (Describe)_____

A-14. Is facility accredited by a national accreditation group? ☐ Yes ☐ No

If *"Yes"*, please list name of accreditation group:_____

A-15. Facility Operating Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

A-16. Number of Full time Employees or Contracted Staff of Licensed Facility *(Check ✓ one):*

☐ 2 or Fewer Staff ☐ 3 to 5 Staff ☐ 6 to 10 Staff ☐ 11 to 24 Staff

☐ 25 to 50 Staff ☐ 51 to 99 Staff ☐ 100 to 199 Staff ☐ 200 or More Staff

A-17. Number of Part-time Employees or Contracted Staff of Licensed Facility *(Check ✓ one):*

☐ 2 or Fewer Staff ☐ 3 to 5 Staff ☐ 6 to 10 Staff ☐ 11 to 24 Staff

☐ 25 to 50 Staff ☐ 51 to 99 Staff ☐ 100 to 199 Staff ☐ 200 or More Staff

A-18. Description of Special Client Populations or Language or Cultural Groups that are targeted in your facility's client outreach efforts and/or your provision of culturally competent services *(Check ✓ or list all that apply):*

☐ Severe Hearing Impairment ☐ Other Physical Disabilities ☐ Concurrent Psychiatric Illness

☐ Spanish Speaking ☐ Other Communications Problem (List):_____

☐ Other Language/Cultural Group (List) _____

☐ None of Above

Section B: DWI Substance Abuse Assessment Services and Fees

B-1. Does your facility provide DWI Substance Abuse Assessment Services? ☐ Yes ☐ No

If "Yes", complete remainder of questions in Section B and Section C. If "No", skip to Section D.

B-2. What is the Staff Assessor's *average* direct service face-to-face time required with each client for the completion of a DWI Substance Abuse Assessment Service? *(Check ✓ one)*

☐ 30 minutes or less ☐ 31 to 45 minutes ☐ 46 to 60 minutes ☐ 61 to 75 minutes

☐ 76 to 90 minutes ☐ 91 to 105 minutes ☐ 106 to 119 minutes ☐ 2 Hours or more

B-3 What are the Division approved standardized test(s) utilized by your facility in the DWI SA Assessment?
(Check ✓ or list all that apply)

☐ Substance Abuse/Life Circumstance Evaluation (SALCE)

☐ Court Procedures for Identifying Problem Drinkers (Mortimer-Filkens)

☐ Juvenile Automated Substance Abuse Evaluation (JASE)

☐ Minnesota Assessment of Chemical Health (MACH)

☐ Other (List):_____

☐ Other (List):_____

☐ Substance Abuse Subtle Screening Inventory (SASSI)

☐ Driver Risk Inventory (DRI)

☐ MacAndrew Alcoholism Scale (MAC) /Revised (MAC-R)

☐ Personal Experience Screen Questionnaire (PESQ)

☐ Other (List):_____

☐ Other (List):_____

B-4. **What is the *estimated %* of clients assessed in your facility that enroll in an ADETS within:**
(Include clients enrolled either at your facility or at another DWI facility)

1 year of Assessment? ☐☐ %

2 years of Assessment? ☐☐ % (Include all enrolled within 1 yr.)

☐ Unable to provide estimate from existing program records and tracking system

B-5. **What is the *estimated %* of clients assessed in your facility that enroll in a Treatment Program within:**
(Include clients enrolled either at your facility or at another DWI facility)

1 year of Assessment? ☐☐ %

2 years of Assessment? ☐☐ % (Include all enrolled within 1 yr.)

☐ Unable to provide estimate from existing program records and tracking system

B-6. **Does your facility require the DWI offender to pay a $50.00 standard fee for the DWI SA Assessment?** ☐ Yes ☐ No
If "Yes", skip to B-8. If "No", answer B-7.

B-7. **If *"No"*, what are the minimum, maximum, and average fees charged?** $☐☐☐.00 $☐☐☐.00 $☐☐☐.00
(Complete all three categories) Minimum Maximum Average

B-8. **In your experience, *how much* of a barrier to timely services access does the current standard fee of $50.00 for a DWI SA Assessment present to the DWI Offender?** *(Check ✓ one)*

☐ Extreme Barrier ☐ High Barrier ☐ Medium Barrier ☐ Low Barrier ☐ Not a Barrier

B-9. **What is the *estimated actual cost* to your facility, per assessed DWI offender, for the provision of the DWI SA Assessment Service?**

$☐☐☐.00

B-10. Provide a brief explanation of your facility's method of computing the above *estimated actual cost*, per offender, for completion of the DWI Substance Abuse Assessment.

B-11. Do you *favor* a change in the current $50.00 standard fee that the DWI offender is required to pay to the assessing agency for the DWI Substance Abuse Assessment?

If "Yes", answer B-12, and skip B-13. If "No", skip B-12, and answer B-13. ☐ Yes ☐ No

B-12. If *"Yes" above,* what standard fee would you *favor* requiring the DWI offender to pay to the assessing agency for the DWI Substance Abuse Assessment?

$☐☐☐.00

B-13. If *"No" above*, why do you *not favor* a change in the current $50.00 standard fee that the DWI offender is required to pay to the assessing agency for the DWI Substance Abuse Assessment?

B-14. In your view, *how much* of a barrier to services access would an increase in the current $50.00 standard DWI SA Assessment fee present to the DWI Offender? *(Check ✓ one for each proposed fee amount)*

a. Increase to $75 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
b. Increase to $100 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
c. Increase to $125 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
d. Increase to $150 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
e. Increase to $175 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
f. Increase to $200 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
g. Increase to over $200 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier

Section C: Qualifications of Staff Assessors Providing DWI Substance Abuse Assessment Services

Provide the following information for each Substance Abuse Services staff member who provides DWI Substance Abuse Assessment Services in this facility. *(For more than four staff, attach additional pages as necessary)*

		Name of Staff Member # 1	Name of Staff Member # 2	Name of Staff Member # 3	Name of Staff Member # 4
C-1.	What is staff member's educational degree(s) attained and major field(s) of study? *(Check ✓ and list all that apply)*	Degree & Major ☐ HS or GED ☐ Associate _____ ☐ Bachelor _____ ☐ Masters _____ ☐ Doctorate _____	Degree & Major ☐ HS or GED ☐ Associate _____ ☐ Bachelor _____ ☐ Masters _____ ☐ Doctorate _____	Degree & Major ☐ HS or GED ☐ Associate _____ ☐ Bachelor _____ ☐ Masters _____ ☐ Doctorate _____	Degree & Major ☐ HS or GED ☐ Associate _____ ☐ Bachelor _____ ☐ Masters _____ ☐ Doctorate _____
C-2.	What is staff member's total number of years of supervised experience in providing substance abuse counseling?	Years:_____	Years:_____	Years:_____	Years:_____

Provide the following information for <u>each</u> Substance Abuse Services staff member who provides DWI Substance Abuse Assessment Services in this facility. *(For more than four staff, attach additional pages as necessary)*					
		Name of Staff Member # 1	Name of Staff Member # 2	Name of Staff Member # 3	Name of Staff Member # 4
C-3.	Is staff member registered with the NCSA Professional Certification Board?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
C-4.	List staff member's current NCSAPCB Certification(s) or Other Approved Credential(s). *(Check ✓ all that apply)*	<u>Certification or Credential</u> ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat	<u>Certification or Credential</u> ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat	<u>Certification or Credential</u> ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat	<u>Certification or Credential</u> ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat
C-5.	List languages (other than English) that staff member speaks or signs fluently. *(Check ✓ all that apply)*	☐ Spanish ☐ American Sign Language ☐ Other: ____ ☐ Other: ____	☐ Spanish ☐ American Sign Language ☐ Other: ____ ☐ Other: ____	☐ Spanish ☐ American Sign Language ☐ Other: ____ ☐ Other: ____	☐ Spanish ☐ American Sign Language ☐ Other: ____ ☐ Other: ____
C-6	What do you recommend should be North Carolina's <u>minimum</u> education requirements for a facility staff member to provide DWI Substance Abuse Assessment Services? *(Check ✓ one)* ☐ HS or GED ☐ Associate *(in related field)* ☐ Bachelor *(in related field)* ☐ Masters *(in related field)*				
C-7.	What do you recommend should be North Carolina's <u>minimum</u> substance abuse certification requirements for a facility staff member to provide Substance Abuse Assessment Services? *(Check ✓ one)* ☐ None ☐ CSAC ☐ CCAS				

Section D: Alcohol and Drug Education Traffic School (ADETS) Services and Fees

D-1. Does your facility provide Alcohol and Drug Education Traffic School (ADETS) Services? ☐ Yes ☐ No

If "Yes", complete remainder of questions in Section D and Section E. If "No", skip to Section F.

D-2. ADETS Schedule *(List hours each day)*	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

D-3. Generally, in the past 12 months, what is the number of students in an ADETS group in your facility?

(Complete all three categories) Min. No. ☐☐ Avg. No. ☐☐ Max. No. ☐☐

D-4. What do you recommend should be the maximum number of students in an ADETS group? Max. Recom. No. ☐☐

D-5. What is the *estimated %* of clients that enroll in ADETS in your facility that complete an ADETS Program within:
(Include clients who complete either at your facility or at another DWI facility)

1 year of enrollment? ☐☐ %

2 years of enrollment? ☐☐ % (Include all enrolled within 1 yr.)

☐ Unable to provide estimate from existing program records and tracking system

D-6. Describe the name of any manualized or evidence-based prevention education curriculum/curricula used in your facility's ADETS.

D-7. Does your facility require the DWI offender to pay a $75.00 standard fee for ADETS? ☐ Yes ☐ No
If "Yes", skip to D-9. If "No", answer D-8.

D-8. **If *"No"*, what are the minimum, maximum, and average fees charged?** $☐☐☐.00 $☐☐☐.00 $☐☐☐.00
(Complete all three categories) Minimum Maximum Average

D-9. **In your experience, *how much* of a barrier to timely services access does the current $75.00 standard fee for ADETS present to the DWI Offender?** *(Check ✓ one)*

☐ Extreme Barrier ☐ High Barrier ☐ Medium Barrier ☐ Low Barrier ☐ Not a Barrier

D-10. **What is the *estimated actual cost* to your facility, per student, for the provision of the 10 Hour ADETS Service?**
$☐☐☐.00

D-11. **Provide a brief explanation of your facility's method of computing the above *estimated actual cost*, per student, for provision of the 10 Hour ADETS Service.**

D-12. **Do you *favor* a change in the current $75.00 standard fee that the DWI offender is required to pay to the ADETS facility for the ADETS Service?**
If "Yes", answer D-13, and skip D-14. If "No", skip D-13, and answer D-14. ☐ Yes ☐ No

D-13. **If *"Yes" above*, what standard fee would you *favor* requiring the DWI offender to pay to the ADETS facility for the ADETS Service?**
$☐☐☐.00

D-14. **If *"No" above*, why do you *not favor* a change in the current $75.00 standard fee that the DWI offender is required to pay to the ADETS Facility for the ADETS Service?**

D-15. In your view, *how much* of a barrier to services access would an increase in the current $75.00 standard ADETS fee present to the DWI Offender? *(Check ✓ one for each proposed fee amount)*

a. Increase to $100 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
b. Increase to $125 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
c. Increase to $150 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
d. Increase to $175 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
e. Increase to $200 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier
f. Increase to over $200 would be:	☐ Extreme Barrier	☐ High Barrier	☐ Medium Barrier	☐ Low Barrier	☐ Not a Barrier

Section E: Qualifications of Staff Instructors Providing ADETS Services

Provide the following information for each Substance Abuse Services staff member who provides ADETS Services in this facility. *(For more than four staff, attach additional pages as necessary)*

		Name of Staff Member # 1	Name of Staff Member # 2	Name of Staff Member # 3	Name of Staff Member # 4
E-1.	What is staff member's educational degree(s) attained and major field(s) of study? *(Check ✓ and list all that apply)*	Degree & Major ☐ HS or GED ☐ Associate _____ ☐ Bachelor _____ ☐ Masters _____ ☐ Doctorate _____	Degree & Major ☐ HS or GED ☐ Associate _____ ☐ Bachelor _____ ☐ Masters _____ ☐ Doctorate _____	Degree & Major ☐ HS or GED ☐ Associate _____ ☐ Bachelor _____ ☐ Masters _____ ☐ Doctorate _____	Degree & Major ☐ HS or GED ☐ Associate _____ ☐ Bachelor _____ ☐ Masters _____ ☐ Doctorate _____
E-2.	What is staff member's total number of years of supervised experience in providing substance abuse counseling?	Years:_____	Years:_____	Years:_____	Years:_____
E-3.	Is staff member registered with the NCSA Professional Certification Board?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Provide the following information for <u>each</u> Substance Abuse Services staff member who provides ADETS Services in this facility. *(For more than four staff, attach additional pages as necessary)*

		______ Name of Staff Member # 1	______ Name of Staff Member # 2	______ Name of Staff Member # 3	______ Name of Staff Member # 4
E-4.	List staff member's current NCSAPCB Certification(s) or Other Approved Credential(s). *(Check ✓ all that apply)*	<u>Certification or Credential</u> ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat	<u>Certification or Credential</u> ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat	<u>Certification or Credential</u> ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat	<u>Certification or Credential</u> ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat
E-5.	List languages (other than English) that staff member speaks or signs fluently. *(Check ✓ all that apply)*	☐ Spanish ☐ American Sign Language ☐ Other: ______ ☐ Other: ______	☐ Spanish ☐ American Sign Language ☐ Other: ______ ☐ Other: ______	☐ Spanish ☐ American Sign Language ☐ Other: ______ ☐ Other: ______	☐ Spanish ☐ American Sign Language ☐ Other: ______ ☐ Other: ______
E-6.	What do you recommend should be North Carolina's <u>minimum</u> education requirements for a facility staff member to provide ADETS Services? *(Check ✓ one)*	☐ HS or GED	☐ Associate *(in related field)*	☐ Bachelor *(in related field)*	☐ Masters *(in related field)*
E-7.	What do you recommend should be North Carolina's <u>minimum</u> substance abuse certification requirements for a facility staff member to provide ADETS Services? *(Check ✓ one)*	☐ None	☐ CSAC	☐ CCAS	☐ CSAPC

Section F: DWI Substance Abuse Outpatient and Day Treatment/IOP Services

- **Shorter-Term (20 Hours over Minimum of 30 Days)**
- **Longer-Term (40 Hours over Minimum of 60 Days)**
- **Day Treatment/Intensive Outpatient Program (90 Hours over Minimum of 90 Days)**

F-1. Does your facility provide: *(Check ✓ all that apply)*

DWI Substance Abuse **Shorter-Term (20/30)** Outpatient Treatment Services?	☐ Yes	☐ No
DWI Substance Abuse **Longer-Term (40/60)** Outpatient Treatment Services?	☐ Yes	☐ No
DWI Substance Abuse **Day Treatment/IOP (90/90)** Services?	☐ Yes	☐ No

If "Yes", complete remainder of questions in Section F and Section G. If "No", skip to Section H.

**F-2. In your Shorter-Term (20/30) Outpatient Treatment, over the past 12 months, what is the estimated % of clients in each of the following three Substance Abuse diagnostic groups: (*Three categories should add up to 100 % of your 20/30 clients)*

No Substance-Related Diagnosis	Substance Abuse Diagnosis(es) Only	Substance Dependence Diagnosis(es)
☐☐☐%	☐☐☐%	☐☐☐%

☐ Check ✓ if Not Applicable (Facility does not provide 20/30)

(Questions do not pertain to other psychiatric disorders)

**F-3. In your Longer-Term (40/60) Outpatient Treatment over the past 12 months, what is the estimated % of clients in each of the following two Substance Abuse diagnostic groups: (*Two categories should add up to 100 % of your 40/60 clients)*

Substance Abuse Diagnosis(es) Only	Substance Dependence Diagnosis(es)
☐☐☐%	☐☐☐

☐ Check ✓ if Not Applicable (Facility does not provide 40/60)

(Questions do not pertain to other psychiatric disorders)

**F-4. In your Day Treatment/IOP (90/90) over the past 12 months, what is the estimated % of clients in each of the following two Substance Abuse diagnostic groups: (*Two categories should add up to 100 % of your 90/90 clients)*

Substance Abuse Diagnosis(es) Only	Substance Dependence Diagnosis(es)
☐☐☐%	☐☐☐%

☐ Check ✓ if Not Applicable (Facility does not provide 90/90)

(Questions do not pertain to other psychiatric disorders)

F-5. DWI SA Outpatient Treatment Schedule *(List hours each day)*	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

F-6. Generally, in the past 12 months, what is the number of clients in a DWI SA Outpatient Treatment group in your facility?

(Complete all three categories) Min. No. ☐☐ Avg. No. ☐☐ Max. No. ☐☐

F-7. What do you recommend should be the <u>maximum</u> number of persons treated in a DWI SA Outpatient Treatment group?

Max. Recom. No. ☐☐

F-8. Describe the DWI SA Outpatient Treatment Services treatment model and therapy utilized by your facility, including the name of any manualized or evidence-based treatment curriculum/curricula used.

F-9. What is the *<u>estimated %</u>* of clients enrolled in DWI SA Outpatient Treatment in your facility that complete a Treatment Program within: *(Include clients who complete treatment <u>either</u> at your facility <u>or</u> at another DWI facility)*

1 year of enrollment? ☐☐ %

2 years of enrollment? ☐☐ % (Include all completed within 1 yr.)

☐ Unable to provide estimate from existing program records and tracking system

F-10. Day Treatment/ IOP Services Schedule *(List hours each day)*	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

F-11. Generally, over the past 12 months, what is the number of clients in a DWI SA Day Treatment/IOP group in your facility?
(Complete all three categories) Min. No. ☐☐ Avg. No. ☐☐ Max. No. ☐☐

F-12. What do you recommend should be the maximum number of clients treated in a DWI SA Day Treatment/IOP group?
Max. Recom. No. ☐☐

F-13. Describe the DWI SA Day Treatment Services treatment model and therapy utilized by your facility, including the name of any manualized or evidence-based treatment curriculum/curricula used.

F-14. What is the *estimated %* of clients enrolled in DWI SA Day Treatment/IOP in your facility that complete a Day Treatment/IOP within: *(Include clients who complete either at your facility or at another DWI facility)*

1 year of enrollment? ☐☐ %

2 years of enrollment? ☐☐ % (Include all completed within 1 year)

☐ Unable to provide estimate from existing program records and tracking system

F-15. Does your facility charge the DWI offender a standard fee for the DWI SA Treatment Services? ☐ Yes ☐ No
If "Yes", answer F-16, and skip F-17. If "No", skip F-16, and answer F-17.

F-16. If *"Yes"*, what are standard per client fees charged, by Level? *(Complete all that apply)*

Shorter-Term (20/30) $☐☐☐☐.00
Longer-Term (40/60) $☐☐☐☐.00
Day Treatment/IOP(90/90)) $☐☐☐☐.00

F-17. If *"No"*, what are the minimum, maximum, and average per client fees charged? *(Complete all that apply)*

	Minimum	Maximum	Average
Shorter-Term (20/30)	$☐☐☐☐.00	$☐☐☐☐.00	$☐☐☐☐.00
Longer-Term (40/60)	$☐☐☐☐.00	$☐☐☐☐.00	$☐☐☐☐.00
Day Treatment/IOP (90/90)	$☐☐☐☐.00	$☐☐☐☐.00	$☐☐☐☐.00

F-18. List the *estimated* % of funding from each of your facility's sources of reimbursement revenue received for the provision of Substance Abuse Treatment services to DWI Offenders in the past 12 months. (All sources combined should total 100%)

☐☐% Client Self-Pay ☐☐% Private Insurance ☐☐% DMH/DD/SAS (IPRS System)

☐☐% Medicaid ☐☐% Medicare ☐☐% Health Choice

☐☐% CHAMPUS or CHAMPVA ☐☐% Other Public Agency Contract ☐☐% Private Contract

☐☐% All Other Sources (Describe):_____

F-19. In your experience, how much of a barrier to timely services access do your *current fees* for treatment present to the DWI Offender? *(Check ✓ one)*

☐ Extreme Barrier ☐ High Barrier ☐ Medium Barrier ☐ Low Barrier ☐ Not a Barrier

Section G: Qualifications of Staff Providing DWI SA Outpatient Treatment and Day Treatment

Provide the following information for each Substance Abuse Services staff member who provides DWI Substance Abuse Outpatient Treatment and Day Treatment Services in this facility. *(For more than four staff, attach additional pages as necessary)*

		Name of Staff Member # 1	Name of Staff Member # 2	Name of Staff Member # 3	Name of Staff Member # 4

Provide the following information for <u>each</u> Substance Abuse Services staff member who provides DWI Substance Abuse Outpatient Treatment and Day Treatment Services in this facility. *(For more than four staff, attach additional pages as necessary)*

		Name of Staff Member # 1	Name of Staff Member # 2	Name of Staff Member # 3	Name of Staff Member # 4
G-1.	What is staff member's educational degree(s) attained and major field(s) of study? *(Check ✓ and list all that apply)*	<u>Degree & Major</u> ☐ HS or GED ☐ Associate ____ ☐ Bachelor ____ ☐ Masters ____ ☐ Doctorate ____	<u>Degree & Major</u> ☐ HS or GED ☐ Associate ____ ☐ Bachelor ____ ☐ Masters ____ ☐ Doctorate ____	<u>Degree & Major</u> ☐ HS or GED ☐ Associate ____ ☐ Bachelor ____ ☐ Masters ____ ☐ Doctorate ____	<u>Degree & Major</u> ☐ HS or GED ☐ Associate ____ ☐ Bachelor ____ ☐ Masters ____ ☐ Doctorate ____
G-2.	What is staff member's total number of years of supervised experience in providing substance abuse counseling?	Years:____ Months:____	Years:____ Months:____	Years:____ Months:____	Years:____ Months:____
G-3.	Is staff member registered w/ the NCSA Professional Certification Board?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
G-4.	List staff member's current NCSAPCB Certification(s) or Other Approved Credential(s). *(Check ✓ all that apply)*	<u>Certification or Credential</u> ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat	<u>Certification or Credential</u> ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat	<u>Certification or Credential</u> ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat	<u>Certification or Credential</u> ☐ CSAC ☐ CCAS ☐ CCS ☐ CSARFD ☐ Licensed MD ☐ Licensed Psychologist ☐ ASAM Diplomat
G-5.	List languages (other than English) that staff member speaks or signs fluently. *(Check ✓ all that apply)*	☐ Spanish ☐ American Sign Language ☐ Other: ____ ☐ Other: ____	☐ Spanish ☐ American Sign Language ☐ Other: ____ ☐ Other: ____	☐ Spanish ☐ American Sign Language ☐ Other: ____ ☐ Other: ____	☐ Spanish ☐ American Sign Language ☐ Other: ____ ☐ Other: ____
G-6	What do you recommend should be North Carolina's <u>minimum</u> education requirements for a facility staff member to provide Substance Abuse Outpatient Treatment or Day Treatment/IOP Services? *(Check ✓ one)* ☐ HS or GED ☐ Associate *(in related field)* ☐ Bachelor *(in related field)* ☐ Masters *(in related field)*				
G-7.	What do you recommend should be North Carolina's <u>minimum</u> substance abuse certification requirements for a facility staff member to provide Substance Abuse Outpatient Treatment or Day Treatment/IOP Services? *(Check ✓ one)* ☐ None ☐ CSAC ☐ CCAS				

Section H: DWI Substance Abuse Services Quality Management and Program Performance Initiatives and Measurement of Client Outcomes and Recidivism

H-1. Describe your facility's *current initiatives, results, and planned future strategies* in the measurement of client outcomes and recidivism to improve the effectiveness of services to DWI Offenders.

(Use additional space as needed)

H-2. Would your facility be interested in considering participation in the North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS): (*Check ✓ one box for each question)*

a. With the current manual TeleForm scanable forms provided by the Division? ☐ **Yes** ☐ **No**

b. With the newly developed NC-TOPPS Web-Based Reporting Initiative? ☐ **Yes** ☐ **No**

Section I: DWI Substance Abuse Services Issues and Concerns

I-1: Describe *issues and concerns* related to the study of DWI Substance Abuse Services in North Carolina and to the Division's efforts to improve services access for DWI offenders, to promote quality and effectiveness, and to ensure provider best practices and accountability.

(Use additional space as needed)

Section J: Signatures of DWI Facility Staff

The following individual(s) affirm(s) that the information provided on this Survey is both accurate and complete:

J-1. **REQUIRED** **- Facility Director or CEO** **(Printed Name and Signature)** **(Date Signed)**
Printed Name, Signature, and Date Signed of Facility's Administrative Director responsible for facility compliance with DMH/DD/SAS Licensure Rules

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J-2. **OPTIONAL** **– Facility Clinical Director (Qualified Substance Abuse Professional: QSAP)** **(Printed Name and Signature)** **(Date Signed)**
Printed Name, Signature, and Date Signed of Facility's Clinical Director responsible for oversight of assessment, treatment, supervision, and clinical records and practices

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J-3. **OPTIONAL** - **NCSAPCB Certified Counselor (CSAC or CCAS) or ASAM Certified Physician** **(Printed Name and Signature)** **(Date Signed)**
Printed Name, Signature, and Date Signed of Individual Responsible for Provision of Facility's DWI SA Assessment Reviews and DMH 508-R Form Signatures

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- Thank you for your assistance in completing this Survey -

Mail (preferred), deliver, e-mail, or fax to:
Daisy Adams, Quality Management Team,
3004 Mail Service Center, Raleigh, NC 27699-3004, or
Suite 634, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC 27603.
Telephone: 919-733-0696 Fax (919) 715-2772 Daisy.Adams@ncmail.net
Survey is to be received by 5:00 p.m. on Friday, December 19, 2003

Address questions to:
Jennifer Resnick, DWI Services QM Project Consultant at (919) 733-0696
Michael Eisen, Director of DWI Services, at (919) 733-0566, or Michael.Eisen@ncmail.net, or
Spencer Clark, Director of Operations and Clinical Services, at (919) 733-4670, or Spencer.Clark@ncmail.net.